

SWORN COMPLAINT FORM

(Form May Be Subject to Public Disclosure)*

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission. **This form must be completed in its entirety and all pertinent information must be stated on this form, not as an attachment.**

Mail the complaint to: **Enforcement Division**
 Fair Political Practices Commission
 428 J Street, Suite 620
 Sacramento, California 95814

Person Making Complaint

Last name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____ - _____

Telephone: (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____

***IMPORTANT NOTICE**

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the persons(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, do not file the complaint before you contact the FPPC (916-322-5660 or toll free at 866-ASK-FPPC) and discuss the complaint with an Enforcement Division attorney.

Complaint

Person or Persons who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____ - _____

Telephone: (____) ____ - ____

Fax: () -

E-mail: _____

Provision or Provisions of the Political Reform Act Allegedly Violated: (If specific sections are not known, please provide a brief summary of the nature of the violation(s), and when it (they) occurred.) **You must state the suspected violation(s) on this form.**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Name and Addresses of Potential Witnesses, in addition to yourself, if Known:

E-mail:

Last Name: _____

First Name: _____

Street Address:

City: _____ State: _____

Zip: _____ - _____

Telephone: (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____

Last Name: _____

First Name: _____

Street Address:

City: _____ State: _____

Zip: _____ - _____

Telephone: (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature)

(Date)

(Please print your name)